

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212547476</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>ANDRITZ SEPARATION INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>BANK OF AMERICA CENTER, 16TH FLOOR</b>  <b>1111 EAST MAIN STREET</b>   <b>RICHMOND, VA 23219</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>F1844895</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>3,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	3,000	
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COMMON	3,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1010 COMMERCIAL BLVD SOUTH</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, TX 76001</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN A MADDEN  TITLE: PRESIDENT  ADDRESS: 1010 COMMERCIAL BLVD SOUTH  CITY/ST/ZIP/CO: ARLINGTON, TX 76001 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOHN A MADDEN TITLE: PRESIDENT ADDRESS: 1010 COMMERCIAL BLVD SOUTH CITY/ST/ZIP/CO: ARLINGTON, TX 76001	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E. MORPHIS TREASURER ONE NAMIC PLACE GLENS FALLS, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN CROSSMAN ASST TREASURER 1010 COMMERCIAL BLVD SOUTH ARLINGTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS BACHHOFNER DIRECTOR AM EUROPLAZA/GEBAEUDE C VIENNA,,1120,AUSTRIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUMBERT KOEFLER DIRECTOR AM EUROPLAZE/GEBAEUDE C VIENNA,,1120,AUSTRIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTIAN PEDRATSCHER DIRECTOR STATTEGGER STRASSE 18 GRAZ,,8045,AUSTRIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J RYAN DIRECTOR 1115 NORTHMEADOW PKWY ROSWELL, GA 30076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DEBORAH B. ZINK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBORAH B. ZINK, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/10/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			